

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DR</i>	<i>2200</i>	<i>11-15-99</i>
O.I.P.E. CLASSIFIER	<i>J</i>	<i>12</i>	<i>11/22</i>
FORMALITY REVIEW		<i>71531</i>	<i>12.3.99</i>

INDEX OF CLAIMS

..... Rejected
 Allowed
 (Through numeral) Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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